

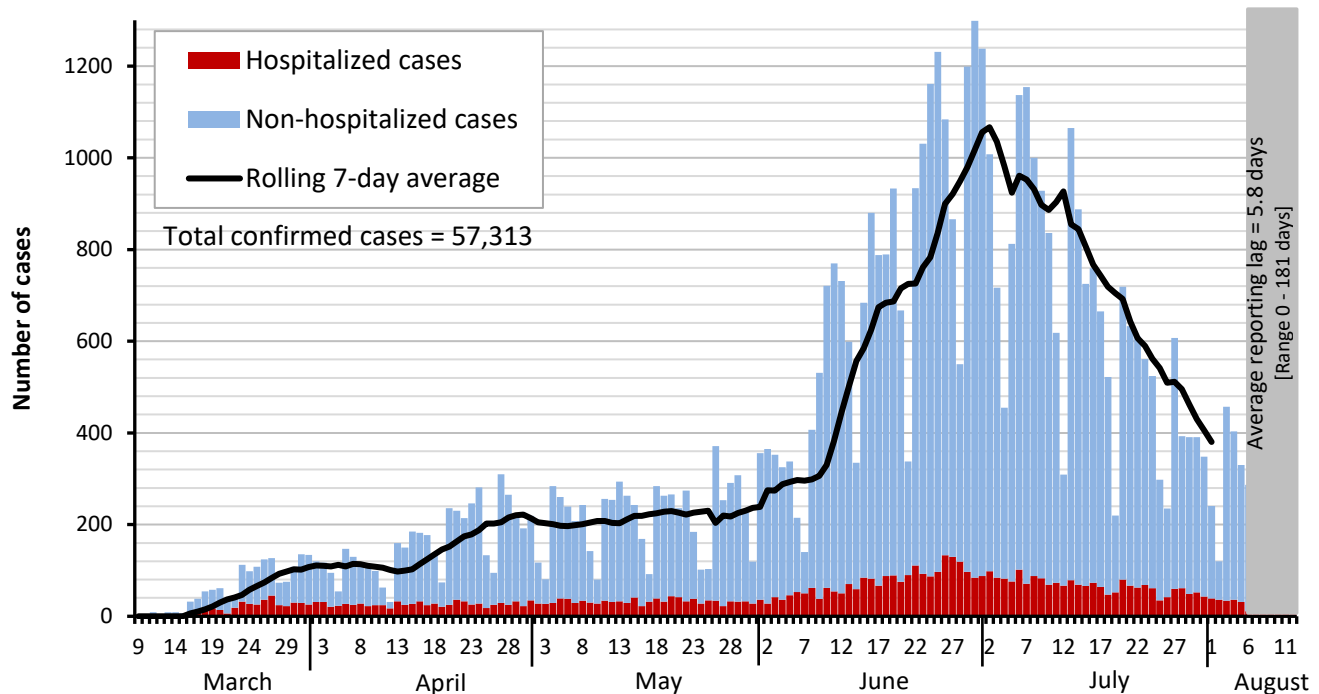


Dallas County Health and Human Services 2019 Novel Coronavirus (COVID-19) Summary

August 14, 2020

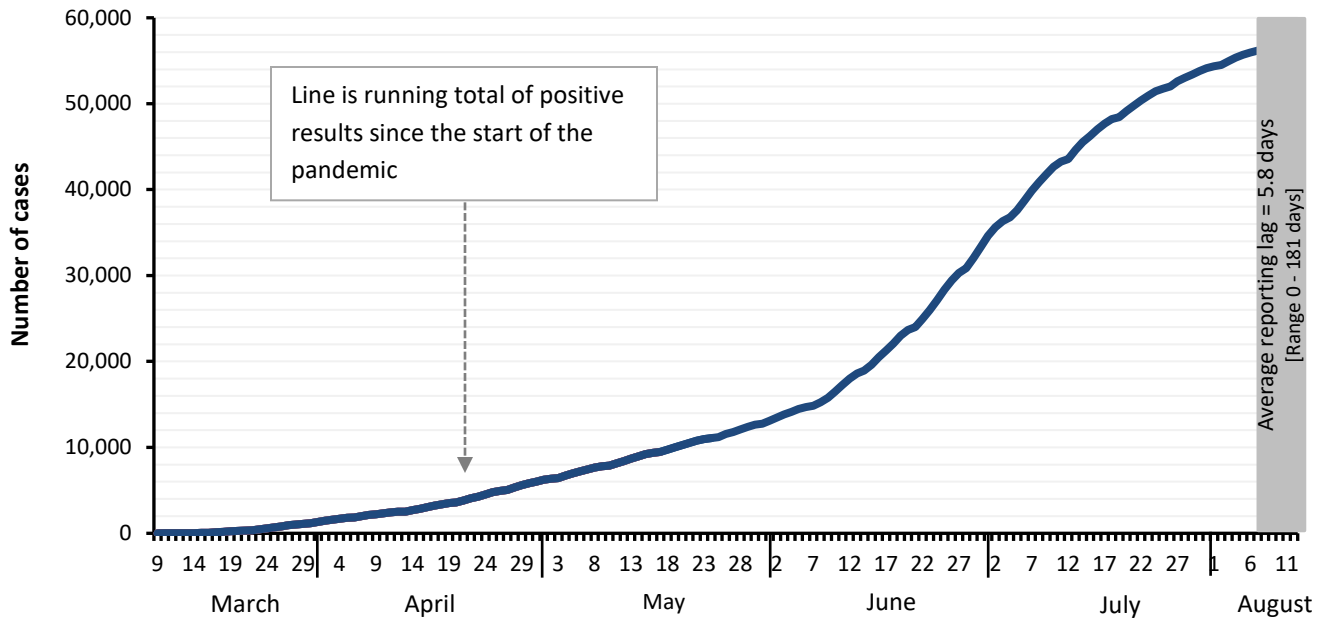
- As of August 14, 2020, DCHHS is reporting 885 additional confirmed cases of 2019 novel coronavirus (COVID-19), bringing the total number of confirmed cases in Dallas County to 57,313, including 816 confirmed deaths.
- An additional 36 probable cases have been reported since the last summary, bringing the total number of probable cases in Dallas County to 2,505, including 7 probable deaths.
- Over 2,925 children under 18 years of age have been diagnosed with confirmed COVID-19 since July 1st, including 66 children who have been hospitalized for COVID-19.
- The percentage of respiratory specimens testing positive for SARS-CoV-2 remains high with **13.8%** among symptomatic patients presenting to area hospitals in week 32.
- Of the 6,849 cases requiring hospitalization to date, almost three-quarters (71%) have been under 65 years of age, and over half reported having a chronic health condition. Diabetes has been an underlying high-risk health condition reported in about a third of all hospitalized patients with COVID-19.
- Of cases requiring hospitalization who reported employment, almost 80% have been critical infrastructure workers, with a broad range of affected occupational sectors, including: healthcare, transportation, food and agriculture, public works, finance, communications, clergy, first responders and other essential functions.
- Twenty-seven percent (27%) of deaths have been associated with long-term care facilities.

Figure 1. Confirmed COVID-19 positive cases by date of test collection, Dallas County: March 10 – August 14, 2020



1. Data received as of 8:00 pm yesterday, for residents of Dallas County tested with known specimen collection dates. This does include delayed results from previous days. All data are preliminary and subject to change as cases continue to be investigated.
2. Data are incomplete for the most recent dates. Test results may be reported to DCHHS several days after the result. The reporting lag is calculated as time from specimen collection to receipt of test results. The average reporting lag is 5.8 days, with a range from 0 – 181 days.
3. This summary graph includes only confirmed cases based on molecular amplification detection test results.
4. Bars are the number of positive molecular amplification detection tests which were collected that day.
5. Rolling 7-day average is the average number of new confirmed COVID-19 cases collected 7 days prior to value.

Figure 2. Cumulative confirmed COVID-19 cases by date of test collection, Dallas County: March 10 – August 14, 2020¹⁻²



1. Data received as of 8:00 pm yesterday, for residents of Dallas County tested with known specimen collection dates. This does include delayed results from previous days. All data are preliminary and subject to change as cases continue to be investigated.
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Table 1. Source of laboratory testing for confirmed cases of COVID-19, Dallas County

Source of Laboratory Testing for Reported Positive Molecular Amplification Detection Tests	# Tests (N=57,313)	% of Total Cases
Commercial or Hospital Laboratory*	55,460	97%
Dallas LRN Laboratory	1,580	3%
Other Public Health Laboratory	273	<1%

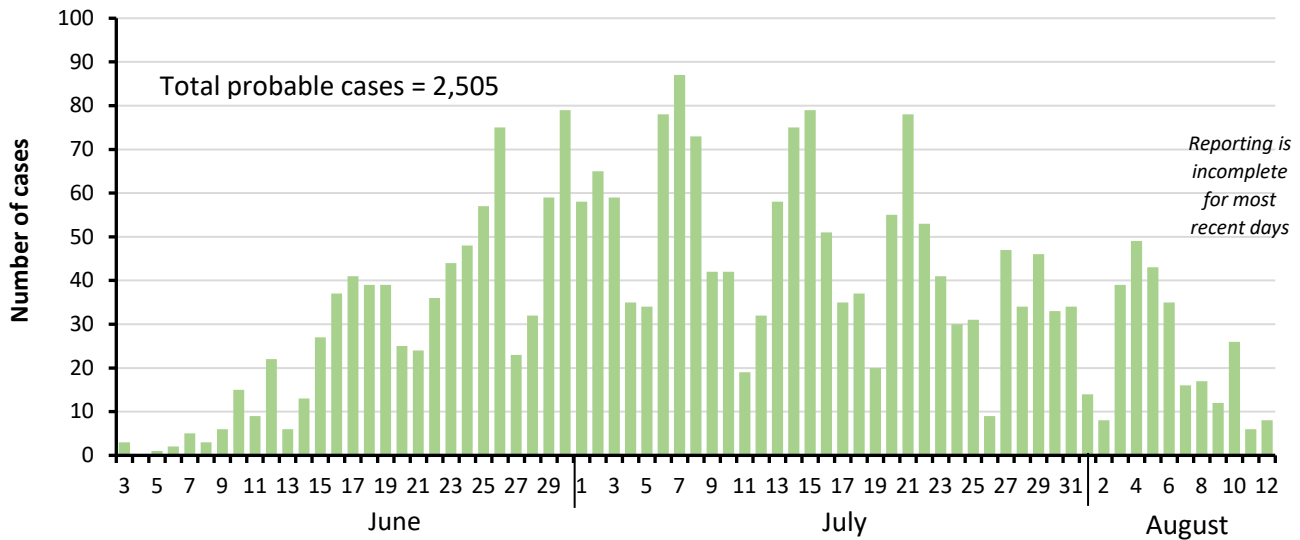
* Includes: AIT, ARUP, CPL, Excelsior, LabCorp, Magnolia, Medfusion, Prism, Quest, Viracor, and multiple hospital laboratories

Table 2. Characteristics of cumulative confirmed COVID-19 cases, Dallas County: March 9 – August 14, 2020

	Number	% of Total Cases*
Total Cases in Dallas County residents	N = 57,313	100%
Age Group (years)	0 to 17	11%
	18 to 40	45%
	41 to 64	35%
	≥65	9%
Sex	Female	50%
	Male	50%
Not Hospitalized (Includes: Outpatient, urgent care, drive-through, ED)	50,464	88%
Ever Hospitalized	6,849	12%

* Percentages calculated among cases with known age/sex

Figure 3. Probable COVID-19 cases by date of test collection, Dallas County: June 3 – August 14, 2020¹⁻⁵



1. Data received as of 8:00 pm yesterday, for residents of Dallas County tested with known specimen collection dates. This does include delayed results from previous days. All data are preliminary and subject to change as cases continue to be investigated.
2. Data are incomplete for the most recent dates. Test results may be reported to DCHHS several days after the result. The reporting lag is calculated as time from specimen collection to receipt of test results.
3. This summary graph includes only probable cases which meet below CDC case definition. Probable cases are reported separately from confirmed cases.

Table 3. Characteristics of cumulative probable COVID-19 cases, Dallas County: June 3 – August 14, 2020

		Number	% of Total Cases*
Total Probable Cases in Dallas County residents		N = 2,505	100%
Age Group (years)	0 to 17	646	26%
	18 to 40	1,168	47%
	41 to 64	573	23%
	≥65	113	4%
Sex	Female	1,251	50%
	Male	1,249	50%

* Percentages calculated among cases with known age/sex

CDC Definition of a COVID-19 case:

"A COVID-19 case includes [confirmed and probable cases and deaths](#). This change was made to reflect an interim [COVID-19 position](#) statement issued by the Council of State and Territorial Epidemiologists on April 5, 2020. The position statement included a case definition and made COVID-19 a [nationally notifiable disease](#)."

CDC Definition of a COVID-19 probable case:

"A [probable case or death](#) is defined as:

- A person meeting [clinical criteria](#) **AND** [epidemiologic evidence](#) with no confirmatory laboratory testing performed for COVID-19;
- A person meeting [presumptive laboratory evidence](#) **AND** either [clinical criteria](#) **OR** [epidemiologic evidence](#);
- A person meeting [vital records criteria](#) with no confirmatory laboratory testing performed for COVID-19."

*Centers for Disease Control and Prevention FAQ: COVID-19 Data and Surveillance:

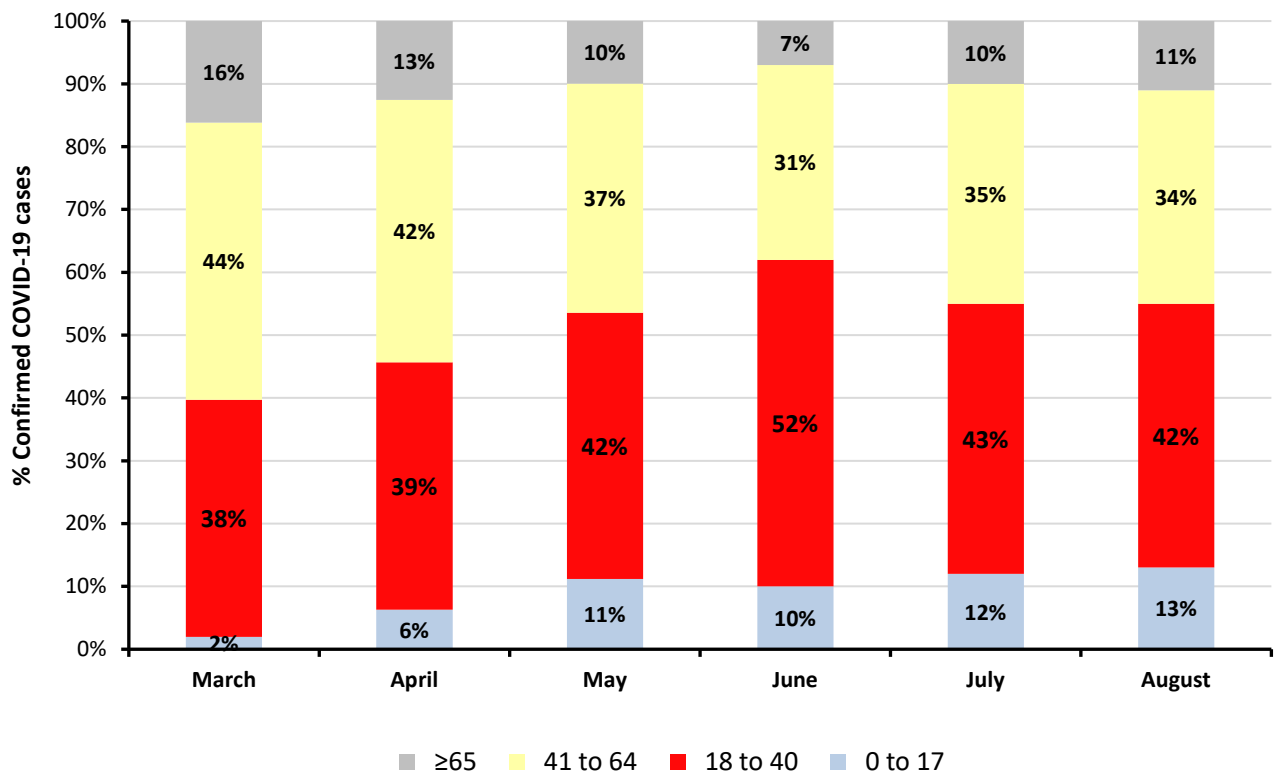
<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/faq-surveillance.html>

**See also Texas Department of State Health Services (DSHS) Case Definition:

<https://www.dshs.state.tx.us/coronavirus/docs/DSHS-COVID19CaseDefinitionandInvestigationPrioritizationGuidance.pdf>

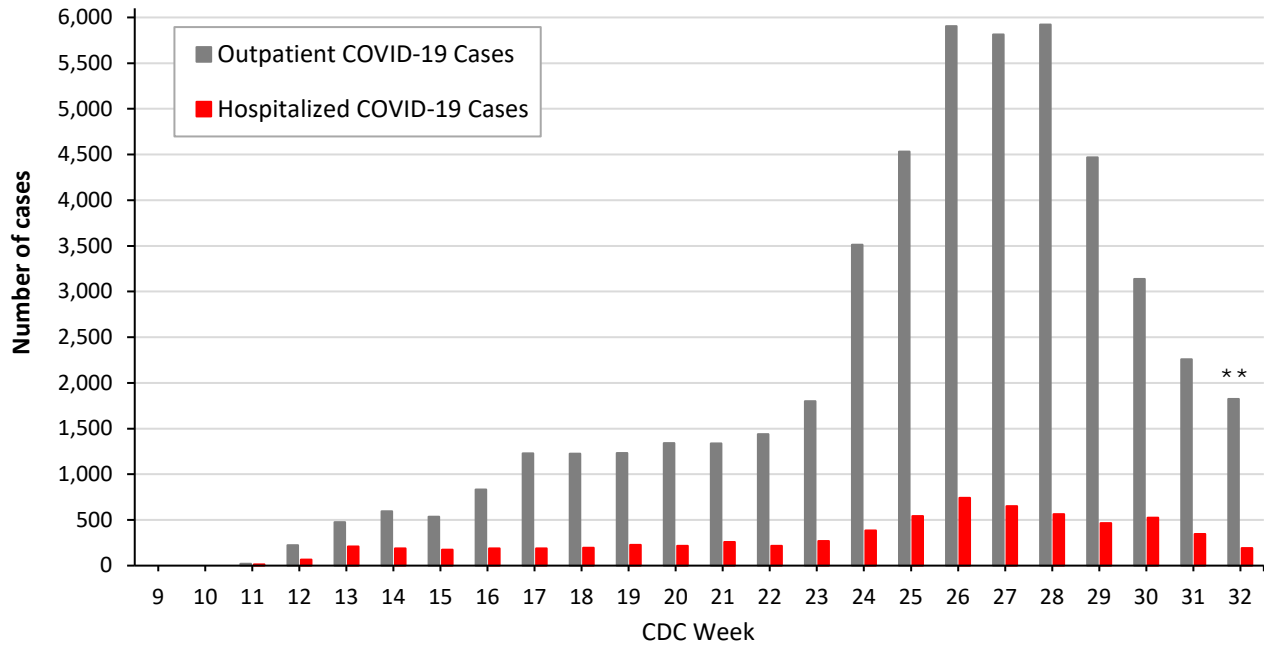
Figure 4. Number of confirmed COVID-19 cases by age group and month of collection, Dallas County

Age Group (in years)	0 to 17		18 to 40		41 to 64		≥65	
Month of Diagnosis	N	%	N	%	N	%	N	%
March	26	2%	493	38%	576	44%	211	16%
April	285	6%	1,791	39%	1,897	42%	570	13%
May	682	11%	2,590	42%	2,230	37%	607	10%
June	1,534	10%	7,945	52%	4,702	31%	1,174	7%
July	2,337	12%	8,079	43%	6,678	35%	1,845	10%
August (through 8/14)	354	13%	1,106	42%	903	34%	280	11%



1. Data received as of 8:00 pm yesterday, for residents of Dallas County tested with known specimen collection dates. This does include delayed results from previous days. All data are preliminary and subject to change as cases continue to be investigated.
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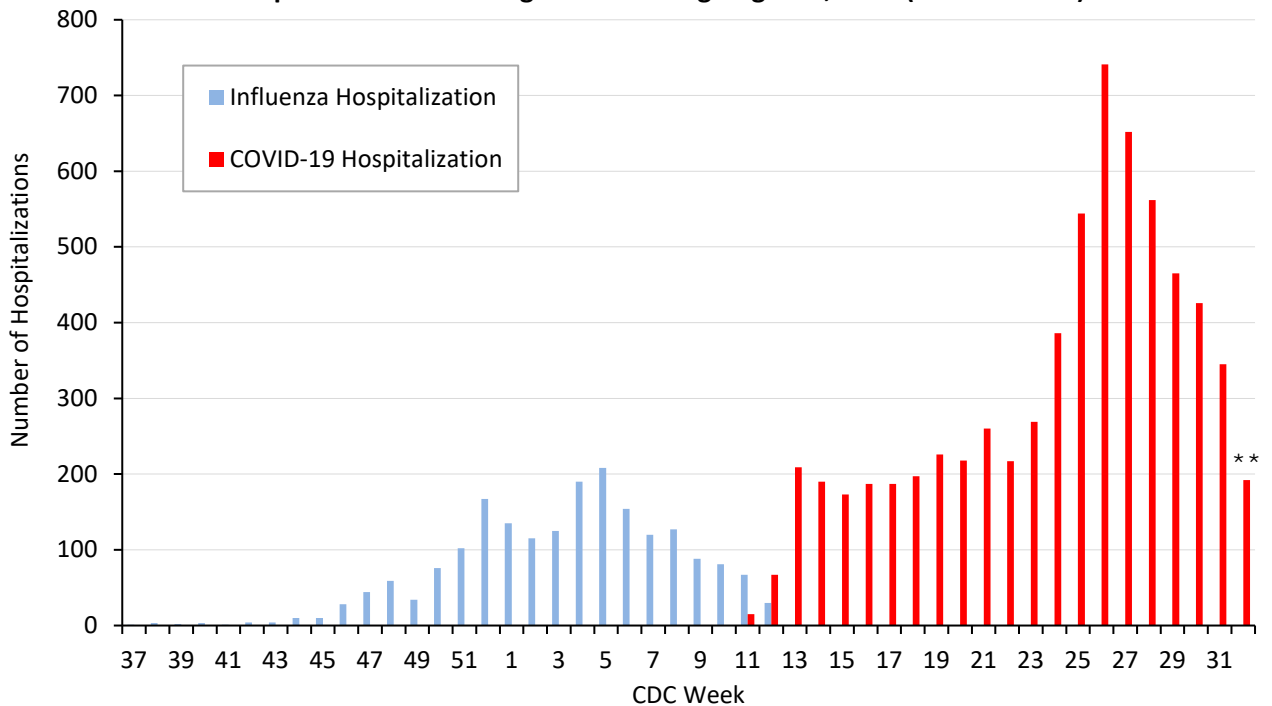
Figure 5. Non-hospitalized and hospitalized confirmed COVID-19 cases by week of test collection, Dallas County: September 2019 through week ending August 8, 2020 (CDC Week 32)*



* Non-hospitalized includes all patients not admitted to acute-care hospitals (e.g. outpatient, urgent care, drive-through, ED-only, LTCF) and diagnosed with confirmed COVID-19. All data are preliminary and subject to change as cases continue to be received and investigated.

** Data are incomplete for the most recent dates. Test results may be reported to DCHHS several days after the result. The reporting lag is calculated as time from specimen collection to receipt of molecular amplification detection test results.

Figure 6. Influenza and confirmed COVID-19 hospitalizations by week of admission, Dallas County: September 2019 through week ending August 8, 2020 (CDC Week 32)*



* Hospitalized Dallas County residents diagnosed with confirmed COVID-19 by molecular amplification detection testing. All data are preliminary and subject to change as cases continue to be received and investigated.

** Data are incomplete for the most recent dates. Test results may be reported to DCHHS several days after the result. The reporting lag is calculated as time from specimen collection to receipt of test results.

Table 4. Characteristics of cumulative hospitalized confirmed COVID-19 cases, Dallas County: March 10 – August 14, 2020

		Hospitalized Cases	%
<i>Ever Hospitalized</i>		N = 6,849	12% of Total Cases
Admitted to Intensive Care Unit		1,553	23%
Mechanical Ventilation		825	12%
Sex	Male	3,578	52%
	Female	3,271	48%
Age Group (years)	0-17	150	2%
	18-40	1,625	24%
	41-64	3,054	45%
	≥65	2,020	29%
Presence of ≥1 high risk condition		3,881	57%
Diabetes		2,083	30%
Lung Disease (e.g. COPD, asthma)		714	10%
Heart Disease (e.g. CHF)		912	13%
Kidney Disease (e.g. ESRD, dialysis)		709	10%
Cancer, Immune-compromise		478	7%
Obesity		1,129	16%
Race/ Ethnicity	White	1,062	15%*
	Hispanic	3,663	54%*
	Black	1,413	21%*
	Other	244	3%*
	Non-reported/ Unknown	467	7%

* Percentages can also be calculated to exclude cases for which race/ethnicity was not reported

Table 5. Characteristics of cumulative confirmed COVID-19 deaths, Dallas County: March 10 – August 14, 2020

<i>Death classified as confirmed if decedent was a Dallas County resident with a positive molecular test. Data are obtained from ME office, hospitals, and vital statistics.</i>		Confirmed Deaths	% ¹
		N = 816	1.4% of Total Cases
Sex	Male	506	64%
	Female	300	36%
Age Group (years)	0-17	2	<1%
	18-40	40	5%
	41-64	255	31%
	≥65	519	64%
Resident of a Long-Term Care Facility		217	27%
Presence of ≥1 high risk condition		590	76%
Diabetes		364	47%
Race/ Ethnicity	White	221	27% (29% of population) ²
	Hispanic	357	44% (41% of population) ²
	Black	191	23% (24% of population) ²
	Asian	24	3% (7% of population) ²

¹ Percentages calculated among those with known underlying health conditions or race/ethnicity as reported by medical provider

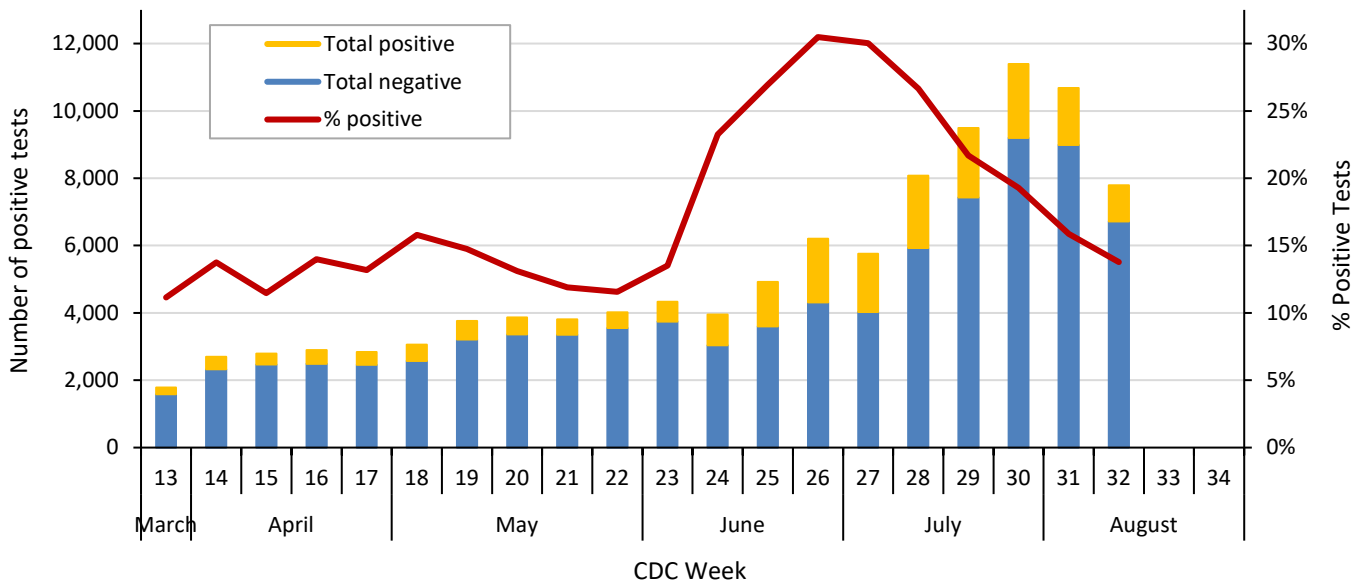
² 2019 U.S. Census population estimates for Dallas County

Table 6. Respiratory virus testing by North Texas hospitals participating in public health surveillance programs: May 24 – August 8, 2020 (CDC Weeks 22-32)¹⁻²

Week Ending		6/6	6/13	6/20	6/27	7/4	7/11	7/18	7/25	8/1	8/8
SARS-CoV-2	Positive	585	919	1,327	1,892	1,727	2,152	2,058	2,197	1,694	1,073
	Total Tests	4,328	3,953	4,925	6,207	5,753	8,077	9,488	11,393	10,682	7,793
Novel Coronavirus	% Positive	13.5%	23.2%	26.9%	29.3%	30.5%	26.8%	21.7%	19.3%	15.9%	13.8%
Influenza	Positive	0	0	0	0	0	0	0	0	0	0
	Total Tests	235	206	121	238	225	174	111	115	124	106
	% Positive	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Seasonal (non-SARS-2) Coronavirus	Positive	0	0	0	0	0	1	0	0	0	0
	Total Tests	97	94	20	26	126	44	28	24	37	25
	% Positive	0%	0%	0%	0%	0%	2.3%	0%	0%	0%	0%
Adenovirus (respiratory)	Positive	2	3	0	1	0	2	1	0	2	0
	Total Tests	217	183	100	194	200	145	101	108	105	88
	% Positive	0.9%	1.6%	0%	0.5%	0%	1.4%	1.0%	0%	1.9%	0%
Metapneumovirus	Positive	0	0	0	0	0	0	0	0	0	0
	Total Tests	217	183	100	194	200	145	101	108	105	80
	% Positive	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Rhinovirus/Enterovirus	Positive	6	6	2	4	12	5	8	2	9	4
	Total Tests	217	184	100	194	200	145	101	108	105	88
	% Positive	2.8%	3.3%	2.0%	2.1%	6.0%	3.4%	7.9%	1.9%	8.6%	4.5%
RSV	Positive	0	0	0	0	0	0	0	0	0	0
	Total Tests	218	187	104	197	200	145	103	108	107	94
	% Positive	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

Data sources: National Respiratory and Enteric Virus Surveillance System and an additional subset of hospitals voluntarily reporting surveillance PCR data directly to DCHHS. Testing denominators include out-of-county patients and testing performed only through hospitals in Dallas County. (Does not include FEMA drive-thru clinics). Data are incomplete for the most recent dates.

Figure 7. SARS-CoV-2 positive PCR tests reported to DCHHS by hospital laboratories: March 22 – August 8, 2020 (CDC Weeks 13-32)¹⁻²



1. Data received as of 8:00 pm yesterday. All data are preliminary and subject to change as cases continue to be received and investigated.
 2. Data are incomplete for the most recent dates. Test results may be reported to DCHHS several days after the result.

Table 7. Transmission risk factors for cumulative confirmed COVID-19 cases, Dallas County

<i>Exposure Risk Factor</i>	Cases (N= 57,313)	% of Total Cases
International Travel	101	0.2%
Domestic Travel (Out-of-state)	274	0.5%
Cruise Ship Travel	14	<0.1%
Long-Term Care Facility (Resident) ¹	1,260	2.2%
County Jail (Inmate)	660	1.2%
State Jail (Inmate-- TDCJ COVID-19 Medical Action Center) ²	96	0.2%
Federal Prison (Inmate) ³	1,333	2.4%
Homeless Shelter	82	0.1%
Meat/Food Processing Facilities	481	0.9%
Close contact or Presumed Community Transmission ⁴	53,008	92.4%

¹ Does not include over 565 COVID-19 cases reported in LTCF staff members employed by the > 112 affected LTCFs.

² Texas Department of Criminal Justice cases are under the jurisdiction of the Texas Department of State Health Services for investigation

³ Federal prison cases are under the jurisdiction of the federal government for investigation, but are now included in total County cases

⁴ Includes: household transmission and cases with no other exposure risk factors identified

Table 8. Summary of weekly COVID-19 hospitalizations and deaths from Dallas County hospitals, Vital Statistics and Medical Examiner’s office¹⁻⁴

Week Ending	06/06	06/13	06/20	06/27	07/04	07/11	07/18	07/25	08/01	08/08	9/08/19– Present
CDC Week	23	24	25	26	27	28	29	30	31	32	Present
COVID-19 hospitalizations ¹	269	386	544	741	652	562	465	426	345	192	6,849*
COVID-19 ICU admissions ¹	61	73	95	114	134	135	109	73	83	30	1,553*
Probable COVID-19-associated deaths ²	0	0	0	0	0	0	0	1	1	4	7*
Confirmed COVID-19-associated deaths ³	28	25	36	50	53	57	71	97	67	42	816*

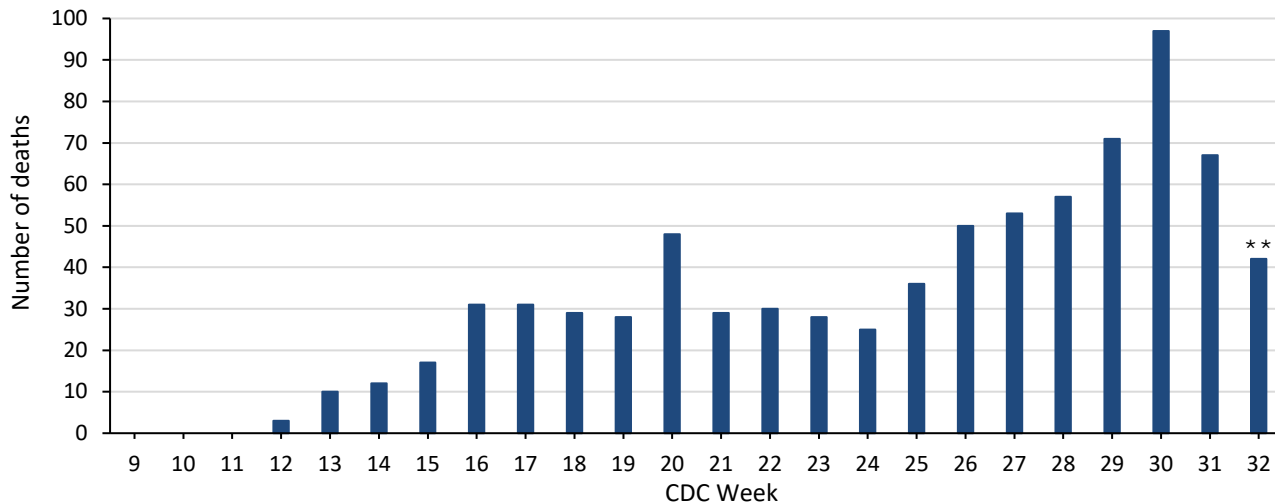
* All data are preliminary and subject to change as cases continue to be received and investigated.

¹ Reflects all COVID-19-associated hospitalizations and intensive care unit admissions reported from area hospitals within Dallas County by week of admission. Hospitalizations are inclusive of ICU admissions. Data are preliminary and include reports received as of 8:00 pm yesterday.

² Probable COVID-19 deaths as defined by CSTE interim case classification criteria--meeting vital records criteria without molecular lab test confirmation.

³ Confirmed COVID-19 deaths as defined by a positive molecular amplification detection test *and* any of the following: (1) death certificate denotation, (2) medical record documentation of compatible symptoms and clear progression from illness to death, or (3) determination by the County Medical Examiner’s office (ME) of no alternate cause of death. Does not include possible COVID-19 -associated deaths with pending determination of cause of death.

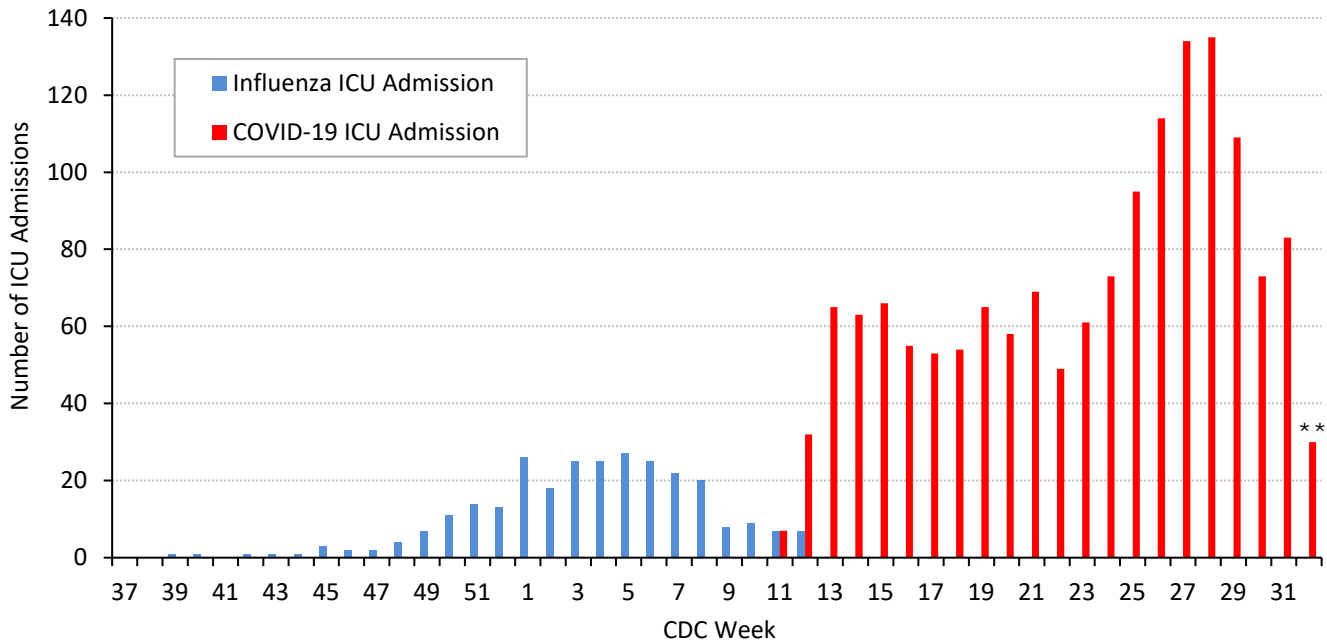
Figure 8. Confirmed COVID-19-associated deaths by week of death, Dallas County: March 2019 through week ending August 8, 2020 (CDC Week 32)*



* Dallas County residents diagnosed with confirmed COVID-19 by molecular amplification detection testing.

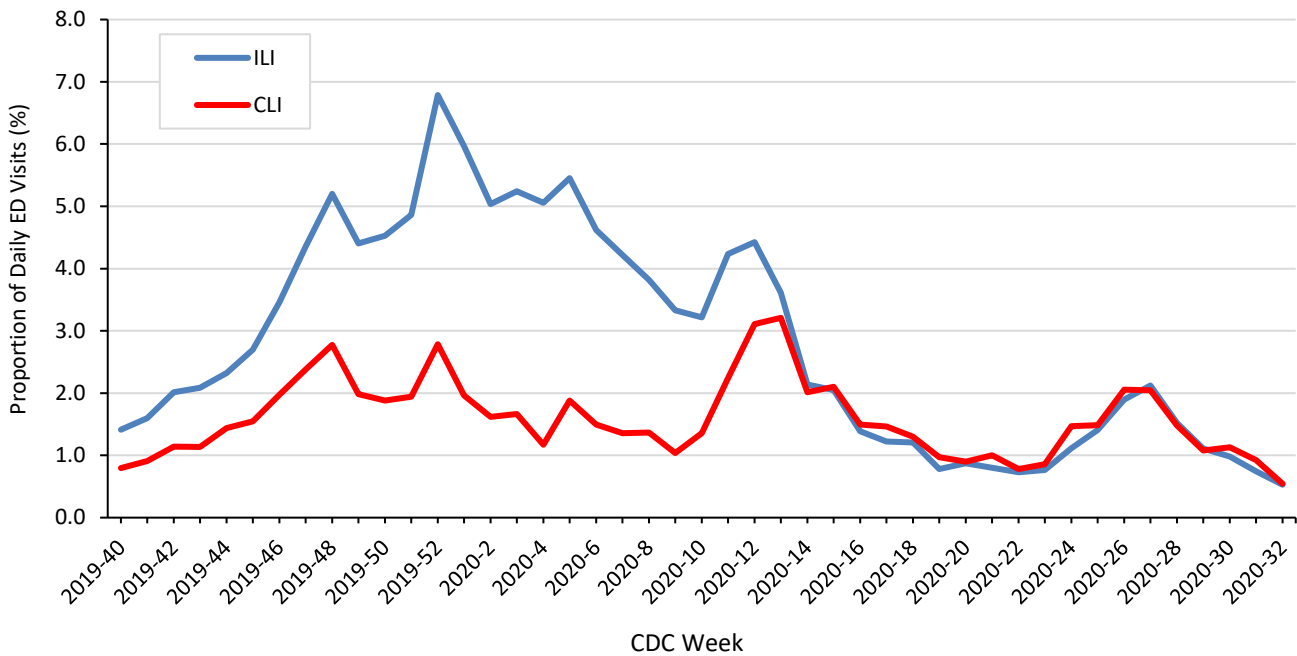
** All data are preliminary and subject to change as cases continue to be received and investigated.

Figure 9. Intensive care unit hospitalizations for influenza and COVID-19 by week of admission, Dallas County: September 2019 through week ending August 8, 2020 (CDC Week 32)*



* New ICU admissions of Dallas County residents reported with confirmed COVID-19 by molecular amplification detection testing as of 8:00 pm yesterday. Hospitalized patients with self-reported residence from outside of Dallas County are not included.
 ** All data are preliminary and subject to change as cases continue to be received and investigated.

Figure 10. Syndromic surveillance of emergency department visits for COVID-like illness (CLI)* and Influenza-like illness (ILI), Dallas County: September 29, 2019 – August 8, 2020**



ESSENCE Data is from 18 hospital emergency departments voluntarily reporting numbers of persons presenting with self-reported chief complaints.
 * CLI is defined as chief complaint of fever and cough or shortness of breath or difficulty breathing.
 **ILI is defined as chief complaint of fever and cough or sore throat or mention of influenza.

Table 9. Occupations of hospitalized patients with confirmed COVID-19, Dallas County, 3/10 – 8/3/20

Occupation	Hospitalized Cases (%) of Total Employed	
	Position	Sector
Critical Infrastructure Workers*		1,362 (78%)
Healthcare and Public Health		199 (11%)
	<i>Nurse, LVN, CNA</i>	30
	<i>Physician</i>	9
	<i>Other: Dentist, dietary, home health, medical assistant, mental health, PCT</i>	160
Transportation and Logistics		167 (10%)
	<i>Airline/Airport</i>	13
	<i>Parcel or postal delivery</i>	15
	<i>Cab/rideshare or bus driver</i>	20
	<i>Other: Mechanic, truck driver, freight, railroad</i>	119
Food and Agriculture		281 (16%)
	<i>Grocery</i>	52
	<i>Restaurant</i>	83
	<i>Other: Food processing, production, supply</i>	146
Other Community/Government Essential Functions		88 (5%)
	<i>Clergy (Pastor, priest)</i>	10
	<i>Education (Teacher, administration)</i>	23
	<i>Judicial system (Attorney)</i>	9
	<i>Other: Real estate services, shelter services, government operations</i>	46
Public Works and Infrastructure Support Services		224 (13%)
	<i>Construction/Contractor</i>	161
	<i>Other: Waste disposal, landscaping, maintenance</i>	63
Financial (<i>Accounting, bank, insurance</i>)		63 (4%)
Communications and Information Technology		29 (2%)
Commercial Facilities (<i>Building materials, painting, warehouse</i>)		135 (8%)
Hygiene Services (<i>Custodian, housekeeping</i>)		70 (4%)
Law Enforcement, Public Safety, First Responders		44 (3%)
Critical Manufacturing (<i>Manufacturing metal, packaging</i>)		43 (2%)
Energy/Utilities (<i>Electricity, petroleum, gas</i>)		19 (1%)
Non-Critical Infrastructure Workers (Includes retail, personal services)		252 (14%)
Employed (position not reported)		135 (8%)
Total reporting any employment		1,749
Non-Employed (Includes retired, child, homemaker, etc.)		1,927
Student (≥18 years old)		57
Not reported		2,767
Total hospitalized		6,500

* Includes only residents of Dallas County with self-reported occupational information. All data is preliminary and subject to change.

**CISA Advisory Memorandum on Identification of Essential Critical Infrastructure Workers During COVID-19 Response, v3.1, May 19, 2020
https://www.cisa.gov/sites/default/files/publications/Version_3.1_CISA_Guidance_on_Essential_Critical_Infrastructure_Workers.pdf.

Table 10. Cumulative COVID-19 cases by city of residence within Dallas County as of August 14, 2020*(e.g. Does not include cases who reside in portions of cities which are not within Dallas County.)*

<i>City of Residence</i>	Confirmed Cases (N=57,313)	Probable Cases (N=2,505)	Total Confirmed + Probable Cases reported in 14 day period from 7/12 – 7/25*	Estimated COVID-19 Prevalence (%) in 14 day period from 7/12 – 7/25** (lower – upper estimate range)
Addison	196	13	25	0.46 – 1.54
Balch Springs	662	34	154	1.85 – 6.16
Carrollton	872	30	121	0.64 – 2.13
Cedar Hill	938	26	169	1.07 – 3.57
Cockrell Hill	125	1	13	0.94 – 3.13
Combine	11	0	1	0.34 – 1.13
Coppell	249	64	51	0.38 – 1.26
Dallas	30,655	1,345	4,747	1.13 – 3.77
DeSoto	1,078	15	165	0.93 – 3.11
Duncanville	981	25	190	1.47 – 4.90
Farmers Branch	488	28	67	0.42 – 1.39
Ferris	4	0	0	N/A
Garland	5,311	10	836	1.05 – 3.49
Glenn Heights	138	7	26	0.76 – 2.54
Grand Prairie	2,692	230	526	1.18 – 3.94
Highland Park	44	16	9	0.30 – 0.99
Hutchins	202	2	18	0.92 – 3.07
Irving	4,787	237	787	0.98 – 3.28
Lancaster	924	17	187	1.43 – 4.77
Mesquite	3,188	234	602	1.28 – 4.28
Ovilla	1	0	0	N/A
Richardson	822	52	130	0.45 – 1.50
Rowlett	708	4	107	0.54 – 1.81
Sachse	130	1	23	0.39 – 1.29
Seagoville	1,761	17	101	1.80 – 6.00
Sunnyvale	86	19	17	0.75 – 2.49
University Park	93	75	30	0.36 – 1.20
Wilmer	162	2	34	2.14 – 7.12
Wylie	5	1	1	0.48 – 1.62
Dallas County	57,313	2,505	9,137	1.04 – 3.47

*Sum of confirmed and probable cases by date of test collection, for 14 day timeframe from: July 12 – July 25, 2020. Most recent 2 weeks not included due to average reporting lag of 5.8 days. Case numbers are only for portions of each city which are within Dallas County.

**Estimated COVID-19 prevalence rate ranges calculated based on: Fox SJ, Lachmann M, Meyers LA. "COVID-19 Campus Introduction Risks for School Reopenings" presented to the Texas Education Agency on July 22, 2020. Denominator populations used for calculations are only for portions of each city which are within Dallas County.

https://sites.cns.utexas.edu/sites/default/files/cid/files/covid-19_school_introduction_risks.pdf?m=1595468503

CDC Priorities for COVID-19 Testing (rev. date: 5/3/20)

(See CDC Guidance for Evaluating and Reporting Persons Under Investigation (PUI) at:
<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>)

High Priority

- Hospitalized patients **with** symptoms
- Healthcare facility workers, workers in congregate living settings, and first responders **with** symptoms
- Residents in long-term care facilities or other congregate living settings, including prisons and shelters, **with** symptoms

Priority

- Persons **with** symptoms of potential COVID-19 infection, including: fever, cough, shortness of breath, chills, muscle pain, new loss of taste or smell, vomiting or diarrhea and/or sore throat.
- Persons **without** symptoms who are prioritized by health departments or clinicians, for any reason, including but not limited to: public health monitoring, sentinel surveillance, or screening of other asymptomatic individuals according to state and local plans.

Many Thanks to:

Our area hospitals and healthcare providers for reporting lab-confirmed COVID-19 cases

Our DCHHS Case and Contact Investigations Team volunteers from:

Dallas County Medical Society
UT Southwestern Medical School
Texas A&M College of Medicine
UTHealth School of Public Health
Retired School Nurses

New COVID-19 cases are reported as a daily aggregate, with this cumulative summary updated Tuesdays and Fridays.

DCHHS COVID-19 Summaries and Case Report Form are accessible at:

<https://www.dallascounty.org/departments/dchhs/2019-novel-coronavirus.php>

DCHHS Acute Communicable Disease Epidemiology Division: COVID-19@dallascounty.org